

BEST AVAILABLE COPY

NOT TO USE



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Addressee Copy
Label 11-B September 2002



Post Office To Addressee

UNITED STATES POSTAL SERVICE®

| ORIGIN (POSTAL USE ONLY) | | Flat Rate Envelope | |
|--------------------------|--|---|--------------------------|
| PO ZIP Code | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second | <input type="checkbox"/> Postage | |
| Date In | Mo. Day Year | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM | Postage \$ |
| Time In | <input type="checkbox"/> AM <input type="checkbox"/> PM | Military | Return Receipt Fee \$ |
| Weight | lbs. ozs. | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Int'l Alpha Country Code |
| No Delivery | <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials | COD Fee \$ |
| | | Insurance Fee | Total Postage & Fees \$ |

FROM: (PLEASE PRINT) **David S. M. J.** PHONE () **303 954-9371**
2440 Andrew Dr
Superior CO 80027

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



PRESS HARD. You are making 3 copies.

| DELIVERY (POSTAL USE ONLY) | | Time | | Employee Signature | |
|----------------------------|---|------|--|--------------------|--|
| Delivery Attempt | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | |
| Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | |
| Delivery Date | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | |
| Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | |

CUSTOMER USE ONLY
 PAYMENT BY ACCOUNT ☐ **WAVES OF SIGNATURE (Commercial Only)**
 Express Mail Corporate Acct. No. **Additional merchandise insurance is void if waiver of signature is requested.**
 Federal Agency Acct. No. or **of addressee or addressee's agent (if delivery is to be made without obtaining signature of addressee or addressee's agent, the signature of the employee must be obtained and signed by the employee who delivered the mail).**
 Postal Service Acct. No. **valid proof of delivery.**

NO DELIVERY ☐ Weekend ☐ Holiday ☐ Customer Signature

TO: (PLEASE PRINT) **Mail Stop 313(c)** PHONE () **303 954-9371**
Commissioner for P + S
P.O. Box 1450
Alexandria, VA

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